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APPLICANTS

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** CONTINUING DATA ***** *No**RMT*** FOREIGN APPLICATIONS ***** *No***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

06/10/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>Rober M. St. John</i> <i>LM</i> Examiner's Signature Initials
STATE OR COUNTRY	CA
SHEETS DRAWING	12
TOTAL CLAIMS	21
INDEPENDENT CLAIMS	2

ADDRESS

62296

TITLE

Systems and methods for weighting a search query result

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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